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ORIGINAL DEPARTMENT.

Communications.

DEFECTIVE AND IMPAIRED VISION,
With the Clinical use of the Ophthalmoscope in
their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

(Continued from p. 456.)

Retinal Hemorrhage.

This is not an unfrequent cause of sudden loss of vision, it may be complete, or more generally a portion of the retina is involved, so that it may still perform its functions imperfectly. There is usually a strong red glare before the eye if seen early, and often deep-seated pain. The iris is motionless or sluggish if dilated, with no improvement in vision. A patient now under my care has passed the first stage, and on examination a deep-seated greenish reflection was seen in the eye, and on an ophthalmoscopic examination effusion was found upon the retina covering the entrance to the optic nerve. Such a case may be improved, but from a severe blow and the age of the patient, perfect vision will not be restored.

A young boy received a blow in the eye (causing blindness) with a snow ball, which caused dilatation of pupil iris sluggish and pink effusion upon the retina. Treatment.—Leeching with diuretics, he entirely recovered; it required some two months' treatment. The blood in elderly persons is changed to lymph and thus causing a whitish or dark cloud before the eye.

If the hæmorrhage is not produced by mechanical violence, as in the instance before mentioned, it proceeds, according to "Hulke"* from the capillary vessels, and apoplexies are more numerous behind than in front of the equator; they are scattered or crowded, in which case neighboring ones run together into patches of considerable size. Fresh blood-spots have a rich crimson color, deepest at the centre and falling off towards the edge; older ones are blacker or brownish red,

rusty or buff. "The effused blood is either completely removed, leaving no trace of its former presence, or, what is much more frequent, in the sites of former apoplexies the fundus retains a confused, patchy appearance."

Apoplexy of the Retina. This is occasionally a forerunner of an attack of apoplexy in the brain. An interesting case of this kind was related to me by Dr. DIXON. In such cases, pain is felt on the examination. In another case which I examined, there was no pain on the loss of vision, nor any on the ophthalmoscopic examination.

R. B. A countryman, aged 40 years, dilated pupil with no perception of light, attack sudden, no cause. Directed to place in the eye a few drops of solution of the sulphate of atropia, two grains to the ounce of distilled water, it dilated the pupil well.

Ophthalmoscopic signs. The retina was found covered with diffused patches of extravasated blood. It required some four or five months before he was able to read large sized type, and the retina was left opaque and mottled. When blood escapes from the retina into the vitreous, it appears by reflected light, black, and is very slowly absorbed; in one instance it required six or seven months.

Case.—A. H., a farm servant, æt. 21, who said his health had always been good, had a sudden obscuration of the right eye whilst at work. The mist which was at first not dense, increased, so that perception of objects was quite lost. Six months after this he came to the Royal London Ophthalmic Hospital. The pupil was active. The outward appearance of the eye was good.

Ophthalmoscopic signs. The retina and choroid could not be seen. The upper hemisphere of the vitreous humour contains a gray, cloudy, floating film, with small brown flocculi below it. Whilst still lower than this, between the equator and ora serrata, there was a large dark mass, which, when obliquely illuminated, had a deep crimson color, and was evidently a large blood clot.

Case.—E. M., æt., 21, a gardener was admitted to the Royal London Ophthalmic Hospital. Three months previously, whilst stooping to clip a box-row, his right eye was obscured to such a degree that he could not discern objects. I could not discover anything wrong in the external appearance

* Hulke on the Ophthalmoscope, p. 43.

of the eye. The retina was just sensitive to light.

Ophthalmoscopic signs. Extensive retinal apoplexies hiding the entrance of the optic nerve, and large clots in the vitreous humor."

The following illustrative cases are from "HULKE."

Case of Hemorrhage of the Retina.

"The patient had observed on awakening suddenly that he was completely blind of the left eye which had been healthy until that time. He visited Dr. RICHARD LIEBRECH, fifteen days after. He could distinguish, but with much trouble, the number of fingers which he presented in an eccentric direction, but had in the remainder of the visual field very little impression from the light. With the ophthalmoscope could be seen from the extreme periphery to the bottom irregular ecchymosis, which seemed to transmit the different layers of the retina. In the intervals, between the spots, they were nowhere, altogether normal, but were irregularly scattered over with little red spots. The main arteries were shown entirely empty of blood, and changed into white cords, the others full of coagulated blood. The circulation had only remained free in some branches. As to the veins, they were for the most part empty. A single branch showed itself nearly normally full. Similar hemorrhages of the retina in old men are very common, from the extraordinary prolonged duration of spots of blood, which only change themselves very slowly, little by little, and finally are lost by being partly reabsorbed and partly converted into dark spots.*

Retinitis Pigmentosa.

A malady which characterizes infancy, there is a diminution of the visual field, also between the ages of 30 and 40, cachexia complete, in consequence of gradual retrenching of the visual field. In the years which precede this latter period, the patients lose the faculty of going without a guide.

I have remarked for the last two years that these patients are the children of consanguineous parents. Many similar cases have confirmed me in this opinion by the ophthalmoscope; we notice at first, modifications in the choroid.

These consist in young subjects in irregularities difficult to see in the epithelium. In more advanced subjects these last occupy nearly all the bottom of the eye, and the epithelial cells seem completely wanting in some places. There exists beside modifications in the stroma and the vessels, the former is more pigmented, altogether. But there are places where the pigmentations are very deep. It follows that the passage of the choroidal vessels

are sometimes scarcely perceptible, according to the degree of pigmentation of the stroma which they traverse. The vessels have a calibre very irregular. On aged subjects they are often completely obliterated in a certain extent and transformed into small and yellow cords. The alteration which strikes us the most is the pigmentation of the retina. It is in a zone which surrounds the macula lutea and the optic nerve, it extends generally more inside and becomes larger with age.

It consists of very intense black spots, of a very varied form, which is composed of very fine points. An attentive observation recognizes isolated cells; sometimes they are very sparse, sometimes they are reunited so as to form a network of small vessels.*

The ophthalmoscope alone enables us to detect it.

Detached Retina, Floating Retina, Hydropsie Sous-Retinienne.

Projecting inward from the choroid, before it loses its transparency, the detached retina is recognized with the ophthalmoscope as a delicate bluish membranous vesicle, tense or folded, vibrating and undulating with the movements of the globe, and displaying the ramifications of the retinal vessels; after a time it becomes opaque, pearly white from fatty atrophy of its tissues. Its color is dependent on the quality of the fluid behind it, which fluid may be the consistency of jelly. Always highly albuminous so that it is solidified by heat and nitric acid, containing at times flakes of lymph which coat the inner surface of the choroid. These lymph or fibrinous deposits are transformed into a fibroid tissue.

The commencement of the detachment of the retina is often very insidious. It almost always begins at the lowest part of the fundus, in the equatorial region. It retains for a time a slight degree of sensitiveness, but this is soon lost. It may remain stationery at one point, or it may steadily progress until the whole membrane is stripped from the choroid, and pressed toward the axis of the eye-ball taking the figure of a funnel. The vitreous humor disappears, the retina occupying its place; what remains becomes hazy fluid and charged with gauzy films.

Detached retina may be confounded with waving opaque films of floating hyaloid or decolorized fibrinous clots in the vitreous humour. The presence and arrangement of the retinal vessels will assist in the diagnosis. They also assist in distinguishing morbid growths behind it. V. GRAEFKE has stated, that it must be borne in mind

* Atlas der Ophthalmoscopic von Dr. RICHARD LIEBRECH, Berlin, 1863, p. 21.

* Atlas D'Ophthalmoscope Representant L'Etat Normal et Les modifications Pathologiques. Du Fond de L'œil visibles. A L'ophthalmoscope. Par Le Docteur RICHARD LIEBRECH, p. 15.

Berlin, 1863, Paris, Germer, Bailliere.

that in cancer of the choroid is at some periods productive of retinal detachment, and this may mask the primary disease. The tension of the globe will assist the diagnosis, as the eye-ball is usually soft in detached retina, and firmer and harder in cancer.

Detachment of the Retina.

Recent detachment of the superior half and perforation of the retina. The portion detached is prominent, smooth and sufficiently stretched, and only reflects a little light. As the liquid epanche enters the retina and the choroid is transparent, we perceive at the bottom the red, but it seems veiled, on the inferior limits of the detachment.

Serous effusion between the Retina and Choroid.

This occurs as the results of acute or chronic inflammation, if it be the result of acute inflammation, it takes place as a morbid result of diseased choroid termed "glaucoma," or it may be from a blow upon the eye, or of chronic inflammation with loss of vision. There is pain in the early stage of "glaucoma," also in cases from violence, but there is no pain in the cases of chronic effusion. There are no external signs by which we can ascertain the existence of effusion beneath the retina.

[Having in my former and present article referred to "Test Types" employed by all Ophthalmic Surgeons for determining the gradual improvement in vision, I have had printed these types for the benefit of those from a distance who may not have them. By enclosing twenty-five cents in stamps they can procure them on a sheet which they can hang up in their office, clinic or hospital.]

Hospital Reports.

PHILADELPHIA HOSPITAL, }
Dec., 1863.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by Drs. Reece and Ford.

Luxation of Humerus into Axilla.

The humerus may be dislocated in three different directions, viz., downward into the axilla, forward under the pectoral muscles, and backward upon the dorsum of the scapula; there may also be subluxations, in which the head of the bone partially rests upon the edge of the glenoid cavity. Luxations of the humerus are generally caused by force applied directly to the shoulder, or to the hand while in the extended position, though in the present case the patient—who is an anæmic girl of 17 years—states that it occurred while she was lifting a wash tub, by giving her arm a slight twist, when the head of the bone escaped into the axilla which is by far the most common position for it to assume. The dislocation remained unreduced for three weeks, when the head of the bone was replaced and continued in position for about two weeks, when upon using it slightly it was again-dislocated, and reduced the next day. It

remained in position for four weeks, when upon turning in bed, four days ago, it was the third time displaced.

The symptoms of this accident are quite characteristic; they are flatness of the shoulder, fulness of the axilla with the presence in it of a hard smooth tumor, the ability of the surgeon to hook his fingers under the acromion process of the scapula, and the inability on the part of the patient to place the hand of the affected side upon the shoulder of the sound side. The elbow is generally carried off from the body, though this last symptom is not very marked in the case before us.

Treatment.—This is the replacing of the bone and the retaining of it in position by a roller until the laceration of the capsular ligament is restored. The first part is to be accomplished by manipulation, and is much more simple than is described in books, it consists of etherizing the patient, raising the arm parallel with the side of the head, flexing the forearm on the arm, then as it is brought down draw it off from the body, the fingers of the other hand forcing out the head of the bone toward the glenoid cavity.

Bursal Tumor.

H. R., aged 38 years; bursal tumor about the size of a pullet's egg upon the posterior aspect of the wrist; it has existed two years; the cause may, most probably, be attributed to the occupation of the patient, that of a washer-women. The symptoms are well marked; there is no discoloration of the parts, no pain, no preternatural heat; some elasticity and fluctuation exist; its shape is somewhat rounded. These symptoms together with the history of the case, the position of the tumor, and the use of the exploring needle—by which we can generally obtain a straw-colored watery fluid—indicate the true character of the tumor. Dropsy of bursæ mucosæ is the result of chronic inflammation. When situated in front of the wrist under the anterior carpal ligament, the surgeon must be cautious how he meddles with it; various means are resorted to for the cure of the affection; blisters, ointments, tincture of iodine, and pressure have been employed. Iodine has been injected after the fluid has been evacuated as in hydrocele, and with success. The mode of treatment by the application of a seton has been very successful. In the present case a seton composed of three strands of silk was passed through the walls of the sack, and was allowed to remain four days. Sufficient inflammation being aroused it was removed, and the flax seed cataplasms applied. When the tumor became tolerant of pressure this was maintained by means of a compress and adhesive plaster. A perfect cure was effected in four weeks.

JEFFERSON MEDICAL COLLEGE, }
December —, 1863.

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. J. Gordon Maxwell.

Encephaloid Cancer of the left superior maxillary Sinus—Excision of the upper Jaw.

Encephaloid cancer occurs in nearly all the organs of the body, but most frequently in the mamma, eye, testicle, uterus, liver, periosteum and bones in both sexes and all periods of life. Being an extremely vascular structure it is endowed with a high degree of vitality, growing with great rapidity and often attaining an uncommon bulk in a few months from its first appearance, and causing the death of the patient generally in from nine to eighteen months. As it advances ulceration sets in, and the neighbouring lymphatic glands are soon involved, thus hasten-

ing it to the final termination. The present case is that of a man 50 years of age, a patient of Dr. SNOOP, of Moorestown, New Jersey. The tumor, which occupied the left superior maxillary region, was first noticed about three months ago, and came on without any assignable cause. There was some pain of a throbbing character, but the principal trouble was the inconvenience experienced from the tumor, as it extended across the ala of the nose on one side, and also projected some distance into the mouth. Professor GROSS, after a careful consideration of the case determined, to excise the upper jaw, as it was almost completely involved in the morbid growth. As a sitting posture was desired during the operation ether was administered instead of chloroform. When the patient was sufficiently influenced, Professor GROSS commenced the operation by making an incision from a little below the external angle of the eye to the commissure of the lips, the flaps were then carefully dissected up while the bleeding vessels were compressed by an assistant. The facial and coronary arteries, which had been divided, were then ligated, and as there existed no obstacle the patient having lost most of his teeth, the jaw was excised by means of the bone forceps the whole removal not occupying half a minute. Professor GROSS then followed the remains of the morbid mass into its remotest recesses and removed the whole of it. The edges of the wound were then approximated by means of five twisted and two interrupted sutures. The cavity was stuffed with patent lint wet with the persulphate of iron, which was removed and a fresh application made on the fifth day after the operation. The wound healed by the first intention, and on the tenth day as no untoward symptom had arisen, the patient was allowed to return to his home in New Jersey.

Cancer of the Tongue.

Charles H., 51 years of age, first began to experience annoyance from his tongue about four months ago. Upon examination the organ was discovered to be fissured, and of a much darker color than usual. The pain was very intense, especially at night when large doses of morphia were required to tranquillize the system. The affected organ had been repeatedly cauterized with nitrate of silver and acid nitrate of mercury, with great advantage, but when last at the clinic he complained that his strength was failing and upon examination the lymphatic glands on the right side of the face were found to have become affected. In this case the Professor concluded that it would be of no benefit to the patient to operate, remarking, however, that should the tongue at any time become too large he would remove a portion of it merely for the sake of temporary relief. The treatment mentioned above was continued.

Onychia Maligna.

This affection is not strictly of a malignant nature, as its name would lead us to suppose. It is most frequently met with in the great toe, thumb and index finger. It begins in a small circumscribed swelling of the ungual matrix attended with more or less pain, and discoloration of the skin. A narrow ulcer soon appears at the root of the nail and gives vent to a thin ichorous fluid, and gradually extending finally involves the entire nail. The surface has a foul, dirty aspect; the margin is thin and sharp; the discharge irritating and offensive; the affected member being often twice the natural size, and having a peculiar bulbous appearance. The pain varies, in one instance it will be very slight and in another so excessive as to deprive the patient of appetite, and sleep for days and nights together. The disease is of slow progress and may continue for many

months before it is arrested. It occurs chiefly in persons of a syphilitic or scrofulous taint, before the age of puberty. The general health often suffers and the secretions are almost always considerably affected.

Two cases of this disease were presented to the Clinic during the present month. The first was that of Ann R., 35 years of age, who was struck on the right great toe, by a brick thrown by a boy. After the accident inflammation set in around the matrix, and in six weeks from the receipt of the injury the entire nail became black and was removed. When brought before the class, four months had elapsed and the toe was nearly twice its normal size, with the characteristic bulbous appearance. The skin around the ulcer was indurated, livid and excessively tender. The discharge was of an ichorous bloody character. The pain was intense, especially at night. The treatment consisted in painting the diseased structure with the dilute tincture of iodine twice in the twenty-four hours, and in the interval keeping it well covered with a slippery elm poultice medicated with acetate of lead and opium, not forgetting to place the limb in an elevated position. The internal treatment was antisyphilitic, the Professor giving it as, in his opinion, the remote cause of the disease.

R. Hydrarg. chloridum mit., gr. xxiv.
Pulv. opii, gr. xij.

Antimonii et potass. tart., gr. iss. M.

Fiat in pillula numero, xij.

Sig. One three times a day, until slight pyalism ensues.

The patient returned in two weeks and reported great improvement.

The second case was that of a boy, 7 years of age, who had received a blow from a companion, while playing, upon the forefinger of the right hand. When brought before the class the disease had existed for twelve months, and presented all the characteristics of that peculiar malady. The nail was quite black, and as it was of no service but only acting as a foreign body, Professor GROSS removed it. The treatment was essentially the same as in the preceding case, the dose varying to suit the age of the patient.

UNIVERSITY OF MARYLAND, }
Nov. 21st, 1863. }

SURGICAL CLINIC OF PROF. NATHAN R. SMITH.

Reported by Dr. J. W. P. Bates.

Old Fracture and Dislocation.

Boy, aged 13. About 9 years ago this boy fell upon his elbow and severely injured it. The injury was pronounced by one physician to be dislocation, by another fracture, and I think that there was both fracture and dislocation. There is a large prominence over the internal condyle, the joint is enlarged and has been stiff ever since the injury. In this compound joint, fracture and dislocation are apt to occur at the same time. A little pronation and supination remain; the olecranon process is in contact with the humerus; the arm is dislocated forward and the humerus is twisted. Recently he had another fall which has probably broken up some of the old attachments, and he is brought here to see if we can relieve him; in my opinion we cannot. The muscles are shortened; attachments are formed and if we attempt anything I think we shall be foiled. No doubt this was a case very difficult to manage, and I will not undertake to say that there was bad practice, because it is difficult for a person who does not see these cases frequently to manage them exactly right. We will make a little passive motion so as to preserve the movement he already has, and prevent total loss from this recent injury.

Compound Fracture.

Man, aged 45. This man's arm was run over by a city passenger railway car, and a portion of the bone lost. He can pronate and supinate it somewhat, but cannot flex and extend it. The humerus suffered the most. I cannot tell the precise amount of injury he received, for at the time I saw him it would have been highly improper to have handled it roughly. We are anxious to save this arm even at the expense of ankylosis. We will apply an angular splint on the inside of the arm. It is vastly important that we should keep this limb still for every movement produces pain, and interferes with the process of recovery. We do not place it at a right angle but slightly obtuse. It may become ankylosed in regard to flexion and extension, but not in regard to supination and pronation.

Neuroma.

Man, aged 45. This man has a small tumor situated on the left knee; it is very sensitive. It is most frequently found on the hands and wrists. Removed by a single incision and dissected out. Can clearly see the filaments of the nerve spreading out. This class of tumors always the seat of exquisite pain.

Abscess.

Man, aged 25. The right hand has been the seat of an abscess, in consequence of wounding his hand with an oyster shell and keeping it in salt water. We make a free incision and let the pus out and make an external instead of an internal affair of it. Insert a small strip of cerate cloth and he will be very much relieved.

MEDICAL CLINIC OF PROF. CHEW.

Rheumatism.

1. Man, aged 46. There are many strange phenomena about this disease, among them its affecting parallel parts of the body, its migratory character, its never suppurating, and its liability to affect the fibrous tissue of the heart, and making alterations in the tissues of that organ and laying thereby the foundation of a chain of diseases, which we are powerless to cure, although we may somewhat relieve. In consideration of the above circumstances, no matter how slight a case of acute rheumatism may be, it requires strict attention from the physician. There is also a strange connection between gonorrhoea and rheumatism, a person having had the former is very liable to an attack of the latter. In this case the pains in the limbs are very severe, bowels irregular, tongue coated, stomach out of order, appetite tolerably good, and pulse weak.

R. Pulv. rhei, 3i.
Pil. hydrarg. aa 3i. M.
Saponis, aa 3i.
Ft. pil. xx.

Sig. Two at bedtime of every day during which there has been no action of the bowels.

R. Gentianæ cont., ʒss.
Potass. bicarb., 3ij.
Aurant. cort. cont., 3i.
Aque bul., Oj. M.

Sig. ʒi. morning, noon and night before the meal.

As a local application use the lin. ammoniæ.

2. Man, aged 37. Has been sick for six weeks; had it in California, and since he came home has been worse, which he attributes to the change of climate.

The pain is now all in the knee, and is most severe at night.

R. Pil. hydrarg., gr. xij.
Pulv. ipecac. et opii, gr. xvij.
Cretæ pptʒ
Sacchar. albi, aa ʒj. M.
Et div in pulv., vi.

Sig. One every six hours.

We give this combination to allay pain, determine to the skin, prevent purging, and as an alterative.

Intemperance.

Man, aged 28. He came to this country about twelve months ago, and wishing to fit himself for the position of bar-keeper, as a necessary accomplishment became very intemperate. Has tenderness over the stomach, did vomit considerably for which lime water and milk was ordered; tumefaction on the right side and dullness on percussion, enlargement of the liver, swelling of the feet, and has a bad cough. The stomach is inflamed, thence through the duodenum to the liver. Is excessively weak, he never had any disease of the chest, was ordered to have his bowels regulated by means of enema; no appearance of ascites; the swelling of the feet probably dependent upon weakness. This is a case marking a good many of the evil effects of alcohol. We will apply counter-irritants over the stomach, put him upon absolute diet and allow a little toddy.

R. Ext. tarax., ʒss.
Potass. bicarb., 3ij.
Syr. simp., ʒss.
Aque, fʒv. M.

Sig. Tablespoonful every four hours.

Nov. 25.—This patient died since our last clinic.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

TRANSACTIONS OF MEDICAL SOCIETIES.

Medical Society of New Jersey.

The Ninety-seventh Annual Meeting was held at Jersey City, January 27th, 1863, and after an address by the President, the Society, the reports of the district societies were presented. From these it would appear that

Diphtheria

had largely prevailed throughout the State and among the facts observed in reference to it was

"The apparent effect of locality upon the character of the disease. The Reporter for Passaic, after giving some details as to the topography of Paterson, states that the cases of this disease in that city mostly originated in damp localities. Another from Hunterdon, says that this disease in its worst form prevailed in low lands, and in the vicinity of streams of water. Those occurring in more elevated situations invariably assumed a milder form. Another from the same county, says that a peculiarity of the disease in his vicinity was, that it was more violent among those living on running streams, though the streams were rapid, and the locality formerly healthy; and further, that the disease invariably spread more rapidly after heavy rains, and with fearful fatality. Dr. Moon, of Sussex, remarks that this disease assumes different types and degrees of severity in different localities. 'While I write,' says he, 'I am meeting with

cases, and have been for the past month. In one part of my practice the disease assumes a sthenic character, yielding readily to treatment, while in another neighborhood it is asthenic, attended with great prostration of the vital powers."

"Some peculiarities of the disease are also brought to our notice. In Hunterdon county, in one locality *Scarlatina* prevailed from January to April, in all degrees of severity; Typhoid Fever in malignant form from April to September; Diphtheria commenced a little prior to the close of the fever epidemic, and has continued to prevail five or six weeks, complicated with *Scarlatina Anginosa*."

"Dr. MOORE, of Sussex, notices a case of less than five days' duration, in which the diphtheritic exudation was very marked, covering the fauces and roof of the mouth, and which was distinguished by a large patch of scarlet eruption on the under side of one elbow, having the ecchymosed appearance often noticed in malignant *Scarlatina*."

"The question of the contagious nature of the disease is unaffected by any new facts presented in the reports."

"With respect to the treatment of this formidable disease, the reports exhibit considerable uniformity. There is a general dependence upon supporting measures with external appliances of the milder kind. There is a very general distrust manifested in the use of strong solutions of Nit. of Silver."

"Dr. MOORE, of Sussex, recommends the use of Fowler's Solution as a valuable tonic in this disease. The vapor of Iodine is also noticed as a valuable remedial agent. In Essex county, the use of the Tinct. of Iodine and Tinct. of Guaiac., applied to the fauces by means of a camel's hair pencil, have been found to answer a good purpose. Tinct. of Guaiac. given internally, combined with Chlorate of Potash, has proved an excellent remedy. The formula will be found in Braithwaite, Part 45, page 85. Dr. JOHNSON, recommends Gum Guaiac. in powder, rubbed up with Chlorate of Potash or Muriate of Ammonia, to be put upon the tongue and allowed to dissolve and diffuse itself over the fauces."

The season of the year when Diphtheria has prevailed so far as the reports notice the fact, is during the spring and autumn months. March, April, October and November, seem to be most favorable to its presence. In Warren county alone it is noticed as prevailing in January.

Remittent and Typhoid Fever

have been met with somewhat more extensively, and of a graver character than during the last few years, and those of the former type with tendency toward the latter have taken the place of intermittents of previous seasons. In some counties especially Hudson and Warren, but few cases of true typhoid fever occurred while typhoid-remittent has been quite common.

"During the spring of the year several cases have occurred of a decidedly congestive type, namely, a prolonged cold stage, imperfect reaction, and in some instances, alarming comatose symptoms. In one case these were complicated with purpuric symptoms, with hemorrhages from the kidneys and bowels, and extensive ecchymoses over the trunk and extremities. In the experience of Dr. COLEMAN, of Burlington county, an endemic of continued fever occurred, marked by some peculiarities. In some cases active delirium was present; in others this condition was less marked. In some, Congestive Pneumonia existed; in others it was absent. Diarrhoea and Tympanitis were urgent in some, while no such complication occurred in others. Hemorrhage from the bowels marked one case only; Petechiae, a few, both when enteritis existed, and when it did not. These several forms occurring in the same family, seemed to mark the unity of the disease. Only one case was fatal."

In Warren county a more marked endemic fever

also prevailed and considered "evidently contagious."

"In one family, eight persons, living in the same house, were attacked one after another. Four other members of the family circle, residing in homes of their own, carried the disease with them, after being with the patients from one to three days. One neighbor also, who was exposed, contracted the disease. In all the neighborhoods surrounding these five persons, not one case of the fever occurred."

In reference to this same point of contagion Dr. HASBROUCK, of Bergen, relates where a lady of the city of New York convalescent from a confinement, was exposed to a case of typhoid fever in the family of which she was a member. She visited the country a week or two afterward, and in three days was attacked with a continued fever, and died in about two weeks in a typhous condition. A sister and cousin who nursed her, and her husband, who visited her daily, were all attacked with the fever in a fortnight after her death, all terminating in convalescence. No case of fever existed in that region before her visit, and none occurred afterward, except those exposed. The Reporter, in commenting upon these cases, remarks that: "They can scarcely be explained, except upon the ground that the disease is capable, under certain circumstances, of propagating itself by contagion."

A case of hysteria is reported by Dr. NIGHTINGALE, occurring in a woman aged 20 years. "One of the remarkable features of her extraordinary case was, that for six months there was no evacuation of the bowels; her stomach being so irritable that no cathartic medicine could be retained; during this whole period there was no discharge, and to all appearance no secretion of urine."

The Doctor is evidently sincere in this statement, because he introduced the catheter during his visits and found no urine, and does not therefore consider it possible for her to have secreted or voided it during his absence. Dr. BLANE verbally relates a case quite as wonderful where retention of the feces extended over a period of several months, "who enlisted as a soldier, but rendered the camp so offensive that he was dismissed from the service."

In a case of

Strangulated Scrotal Hernia

of six hours duration, the large quantity of two grains of the Sulph. of Morphia were administered every twenty minutes until six grains were taken. After the application of cold to the parts for one hour, reduction by the taxis was successful.

Dr. L. CRAIG, of Somerset, relates a case of Mania à Potu relieved in a short period by the use of veratrum viride from two to three drops every two or three hours. He has treated the same patient with opium, camphor, chloroform, etc., before he became passive, and then only with cerebral congestion.

In the eastern, manufacturing section of the State, a disease has prevailed among the hatters during the past four years, arising from inhalation of the fumes of mercury used in preparing stock of an inferior quality. During the process of finishing the hat by the hot iron, the fumes of this metal are given off and inhaled, producing in many instances very disastrous effects.

"In poorly ventilated shops almost all the workmen suffer from the salivation and the tremors said to be the peculiar effects of the inhalation of mercurial fumes. Some constitutions have been permanently ruined under the observation of one of the members of the Committee."

Interspersed throughout the county reports, will be found many interesting cases detailed at length, among which may be mentioned one of Icterus Calculosa, Ovarian Tumor, Carcinoma of the Kidney in an infant, etc., etc., all more or less interesting; and in that of Camden county is given a concise statement of that peculiar disease of the bowels

which obtained both in the cities of Camden and Philadelphia the soubriquet of

Kensington Diarrhoea

and possesses such interest, that we copy the report in full.

"Persons only were affected with this disorder who drank of the water supplied by the works formerly owned by the district of Kensington, in the upper portion of the city of Philadelphia.

"The water supplying this reservoir is taken from the Delaware river, near where a creek and culvert empties into it, receiving the filth from numerous privies, sinks, culverts, etc., in a thickly settled and filthy manufacturing portion of the city. Of the residents so supplied with water, very many were affected with diarrhoea, and numerous fatal cases occurred. The attention of the authorities of Philadelphia being called to this fact, this supply of water was cut off, and a supply from the Schuylkill substituted, during which time there was a subsidence of the disease, no new cases occurring, and the majority of those sick recovering.

"On account of an accident to the Schuylkill works, the Kensington works were again opened, when a return of the disease followed.

"Many of the citizens of Camden are called by their business to that part of Philadelphia, where they remain all day, the mechanical nature of their business making large draughts of water necessary to their comfort. Amongst this class of our citizens, we found many cases of "Kensington Diarrhoea," the symptoms of which are diarrhoea, loss of appetite, great thirst, muscular debility, which symptoms, after continuing from a few days to a few weeks, become more severe, with a dry and cracked tongue, cool skin, contracted and leaden hued, cramps in extremities and abdomen, discharges of soap-suds character, or perfectly colorless and very frequent. In fact, in a bad or neglected case, all symptoms are present of Cholera Asiatica, and the surprise to the practitioner when called is, that the patients insist, in many instances, on their having been nearly in that condition for the past six, twelve, twenty-four, or thirty-six hours, which, in fact, at first he cannot believe, and does not, until he finds them remaining in the same state for twelve or twenty-four hours longer, spite of vigorous treatment.

"In treating these cases, a combination of calomel, opium, and sugar of lead is most generally used, and the addition of piperin is sometimes found very beneficial in the more urgent cases; these, combined with mustard to abdomen, hot foot-bath, dry-heat and friction, with brandy and beef-tea internally, is generally all that is necessary. Notwithstanding the most vigorous treatment, in cases that have been for weeks in progress, the physician is not unfrequently surprised at the slowness of recovery; the elasticity of the constitution seems to be gone, and tonics, such as quinia and iron, are necessary to recuperation.

"Some few fatal cases have occurred.

"It has been denied by some persons that this disease was the result of the water used; but patients who have suffered from it, proved the falsity of the assertion, by carrying their daily allowance of water with them for some time, during which time they maintained perfect health; but becoming careless again, resorted to the supply there, and were again attacked in the same way."

In conclusion we can only congratulate the Medical Society of our sister State upon the evidence of vigor displayed as it approaches the anniversary which will mark a century of existence, and doubt not that a record about to be so auspiciously commenced, will be equally satisfactory in results as has been the one now so near its close.

The Medical Formulary. Being a collection of prescriptions derived from the writings and practice of many of the most eminent physicians in America and Europe, together with the usual dietetic preparations and antidotes for poisons, to which is added an appendix on the endemic use of medicines, and on the use of ether and chloroform. The whole accompanied with a few brief pharmaceutical and medical observations. By BENJAMIN ELLIS, M. D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Eleventh edition carefully revised and much extended: By ROBERT P. THOMAS, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy. "*Morbus autem, non eloquentia sed remediis curari.*" Philadelphia: Blanchard & Lea, 1864. Price \$2.25.

The above work has long been before the public and is one of the most popular and useful of its class. One or more editions were edited by the late DR. SAMUEL GEORGE MORTON, and its three successive editors have succeeded in imparting great value to the work by making it the vehicle for the publication of the choice formulæ of the most prominent physicians of the past and present generations. It contains instructions and suggestions as to the most convenient and elegant forms of administering remedies, as also a table of doses which may be valuable to the young practitioner if he will have independence enough to use it simply as a guide.

This edition which has passed under the editorial supervision of DR. ROBERT P. THOMAS, whose position as Professor of Materia Medica in the Philadelphia College of Pharmacy is of itself a sufficient guaranty of his ability to perform the work, is an improvement on former editions. The work is valuable to both the physician and the pharmacist. It is issued in very neat style.

Expulsion of Uterine Polypus promoted by Ergot.

M. DUCLOS has, in a case of fibrous polypus enclosed within the uterus, successfully aided its expulsion by means of ergot, taken in doses of half a drachm daily, for two days in succession. He believes that ergot is capable of affording great aid in the expulsion of uterine polypi; that it has at least the advantage of arresting the hemorrhage, and thereby of giving time for the womb to unload itself of the foreign body. The period which seems best for the administration of the medicine is that at which nature seems ready to expel the polypus; that is to say, when the cervix uteri is partially open, thinned at its edges, and dilatable, as in the first stage of normal labour.—*Bull Générale de Therap.*

Marriages of Consanguinity.

M. GUIPON, in a memoir, tells the Academy of Sciences of the effects of consanguinity, syphilis, and alcoholism, as observed in the same family. The conclusions arrived at by him are:—That consanguinity exercises a depressing influence on the vital force, and particularly on the power of reproduction; and that it injuriously affects the hearing, the speech, and the sight; that, combined with syphilis or alcoholism, it may produce paralysis, &c.; that the intelligence may be also affected; that one function only seems to be increased, and that is the genital—the one whose final object, procreation, is most compromised.—*Dublin Medical Press.*

MEDICAL AND SURGICAL REPORTER.

PHILADILPHIA, JANUARY 9, 1863.

AN AMBULANCE CORPS.

There is scarcely any one want, in the army, that has been more keenly felt than that of a well organized ambulance corps. Every battle that occurs demonstrates the great need of this addition to our armies, and it is surprising that with our proverbial fertility of resources we should be near the close of the third year of the war, and still be deficient in this arm of the service, especially in view of the fact that some of the most terrible conflicts of arms of modern times have occurred during that period.

The neglect to provide an efficient corps is the less excusable, inasmuch as Dr. FINLEY, while Surgeon-General proposed an entirely feasible plan that ought to have been adopted, and which would have given the country precisely what it needed in this respect. This is an instance in which the practical recommendation of an experienced and observant man was set aside, and nothing at all substituted for it. The following was Dr. FINLEY's plan:

It will be remembered that a large proportion of the first regiments that volunteered were supplied with full bands of musicians, who had entered the service for three years. It was considered best, on the score of economy, to dispense with their services in that capacity. Dr. FINLEY proposed to the War Department to retain the services of these men and organize them into ambulance corps. Another part of his plan was the formation of a corps of Medical Cadets, who should also form part of the proposed ambulance corps, as dressers and aids to the Surgeons. Now, no proposition has even yet been made that was half so well calculated to meet this pressing want as this, and the army would have had to-day a well-organized, experienced and competent ambulance corps instead of being entirely destitute of any systematic plan of removing the wounded from the battle-field. Had Surgeon-General FINLEY been retained in office we do not doubt this great desideratum would have been reached long ago. Instead, however, of following his reasonable suggestions the bands were mustered out, fifty Medical Cadets were ap-

pointed and assigned to hospitals—a *faster* Surgeon-General appointed, and we are yet without an ambulance corps!

The letter published last week from our Paris correspondent, contains, in a letter from Dr. APPIA, of Geneva, an account of an International Congress that met in that city, in October last, to take into consideration the subject of making provision, in time of peace, for taking care of the wounded in time of war. Representatives were present from the military establishments of almost every European nation. The spectacle must have been reassuring to every philanthropic heart. How appropriate for leading men in our profession to be engaged in so glorious a work! Regarding the conclusions arrived at, we refer to Dr. CÔRÉ's letter in last week's number.

Recently an ambulance corps has been provided for the Army of the Potomac. Gen. MEADE's order No. 85, containing the plan of this ambulance corps, has not happened to have fallen under our notice, but from what we have heard of it, and from the well-known capacity of the Medical Director of that army—Dr. LETTERMAN—we should judge that it has come the nearest of anything that has been tried, to reaching the desideratum.

The medical profession of Boston has taken the initiative in a movement for the establishment by law of an ambulance corps for each corps of the army. We presume that their ideas are embodied in the bill now before the Senate, known as Senator WILSON's Ambulance Bill, of which the following is a summary:

1. The supervision of all ambulances, medicine wagons, &c., is vested in the Medical Director or Chief Medical Officer of each army corps.
2. One Captain, one First Lieutenant for each division; one Second Lieutenant for each brigade; one Sergeant for each regiment; three privates for each ambulance, and one private for each medicine wagon, shall be detached by each Corps Commander, the officers and non-commissioned officers of such corps to be mounted.
3. Three two-horse ambulances are granted to each regiment of infantry, two to each regiment of cavalry, one to each battery of artillery, two to the headquarters of each army corps, and two army wagons to each division.
4. The fourth section prescribes the duties of the Captain of the Corps, and directing the establishment of a drill in service of removing sick and wounded, requiring the exercise of gentleness and care under strict and particular orders of the Medical Director and the Secretary of War.
- Sections five and six prescribe the duties of other officers of the corps.
7. The Surgeon-in-Chief of the Division is required to detail

two medical officers and two hospital stewards to accompany the ambulances when on the march.

8. The use of ambulances is prohibited for any purpose except the conveyance of the sick and wounded, and for medical supplies only in urgent cases.

9. No persons other than those connected with the ambulance corps are allowed to remove the sick and wounded.

It is earnestly to be hoped that some feasible plan will be adopted to give our army an ambulance corps. It is disgraceful to civilization and humanity that we have not long ago given the world a practical lesson in this humanitarian effort to mitigate the horrors of war.

SUFFERINGS OF UNION PRISONERS AT RICHMOND.

A few weeks ago we published a statement from surgeons who had been confined as prisoners in Richmond, as to the treatment of Union prisoners by the rebel authorities. We append additional testimony on the subject, which we take from a letter addressed to Mr. JAMES A. SEDDON, Rebel Secretary of War, by Col. STREIGHT, now a prisoner in Richmond. It gives a very sad picture of the inhumanity of the insurgents. This studied cruelty seems to be for the accomplishment of some ulterior purpose:

LIBBY PRISON, RICHMOND, VA., }
August 31st, 1863. }

To the Hon. Jas. A. Seddon, Secretary of War:—

SIR: I take the liberty of addressing you on behalf of myself and fellow-prisoners, in relation to our situation. About six hundred of us are confined here, with an average space of twenty-eight square feet each, which includes our room for cooking, eating, washing, bathing and sleeping. Our rations consist, as near as I can judge, of one-fourth pound of poor fresh beef, one-half pound bread, one-half gill of rice or beans, for each man per day. The above amount has been found insufficient, both as to quantity and quality, to sustain life and health in close prison confinement. Scorbutic diseases have already appeared, proving fatal in one case [Major MORRIS], and in impairing seriously, if not permanently, the health of others.

Our sanitary condition would have been much worse than it now is, but for the large purchases of vegetables and other provisions, amounting to nearly one thousand dollars per day, which we have been allowed to make. But as nearly all our money was taken from us when we entered the prison, the daily expenditure of this large sum has at length about exhausted what was left us. We have also been notified that we will not be allowed to receive any portion of the money taken from us here, nor even such sums as have been sent from home since our imprisonment; though, before writing for these moneys, we were expressly assured by your officers having us in charge that we would be allowed to receive them.

It will be perceived from the above statement that our immediate prospective condition is, to say the least, that of semi-starvation. The rations furnished by your Government may be as good and as much as it can afford under the circumstances, but in that case it does seem that we should be allowed to purchase the necessary amount to sustain us. It

cannot possibly be that it is intended to reduce to a famishing condition six hundred prisoners of war. Humanity cannot contemplate such a thing without feelings of the deepest horror. Saying nothing of our rights as prisoners of war, even criminals guilty of the blackest crimes are not, among civilized people, confined for any length of time on insufficient food.

Notes and Comments.

The case of Dr. Salisbury.

We would call attention to the communication in another column from an intelligent correspondent on Dr. SALISBURY's case. We are glad of the opportunity of giving publicity to a correct version of the affair. We strongly suspected that the trial was not a fair one.

It seems that Dr. SALISBURY was made the victim of designing men, whose plans had been thwarted by his unflinching integrity. An effort was first made to put him out of place and put in a Thomsonian doctor, which did not succeed.

We are glad to learn that an intelligent and truthful account of the whole affair has been forwarded to head-quarters, and trust that its effect will be to reverse the act of the court martial which acted on the case.

Hygiene.

The subject of Dr. WILSON JEWELL's address, as President of the American Medical Association at Chicago last June, was Hygiene. This is a very important subject which Dr. JEWELL did well to urge upon the attention of the profession. He says:

"I cannot withhold the opinion that, as a cultivated science, hygiene is almost, if not quite, an unexplored theatre of action. We have not advanced a single step beyond its stately vestibule. We have neither penetrated its broad aisles, surveyed its lofty arches, nor measured its spacious periphery. We are not prepared therefore to comprehend its immense proportions, nor even to approximate the brilliant results that are to be accomplished through the practical application of its life and health-giving principles.

"The prominent motive that has influenced me, in presenting this subject, is the earnest desire to have it assigned a far higher position—a far more authoritative recognition in the deliberations of the Association, than has been awarded it. That it shall not only hold a place in our esteem, upon a level with medical education, but be held aloft and heralded abroad as one of the fundamental objects of associated action; receiving all that deliberation and dispassionate attention from the profession, to which it is entitled by its daily increasing importance in the world of science."

Dr. JEWELL adds his recommendation to that of SHATTUCK, RICHARDSON and other eminent Sanitarists, that the subject of hygiene should be elevated as a branch of scientific study "to a

separate and distinct chair in our medical schools, independent of physiology, and constituting it a requisite curriculum, preliminary to that diploma, which confers one of the highest honors of the profession."

Our readers should make themselves familiar with works on hygiene. The subject is vastly important and too much neglected by our profession.

The Official Acts of Surgeon-General Hammond.

A circular calling attention to the investigation instituted into the official acts of Surgeon-General HAMMOND, and his subsequently being despatched upon tours of inspection, claimed to be the duty of the Medical Inspector-General and staff, and asking that formal proceedings be taken that the real facts may be ascertained, or that he be reinstated in his office, was lately circulated in Congress. The circular bears the names of President HILL and Professors PIERCE, AGASSIZ and LONGFELLOW, of Harvard University; Drs. VALENTINE MOTT, WILLARD PARKER and JOHN WILLIAMS DRAPER, of New York; Drs. J. MASON WARREN and HENRY I. BOWDITCH, of Boston; Dr. JAMES ANDERSON, President New York Academy of Medicine, and others.

This is a very remarkable proceeding it seems to us. The affairs of the Medical Department are in process of investigation, and Government undoubtedly has good reasons for its action, which it is not likely will be influenced by the efforts of a few pensioners on Surgeon-General HAMMOND's bounty, who have succeeded in getting some respectable names attached to their circular.

Lectures to Soldiers.

The sick and wounded soldiers at Fort Schuyler, near New York, are to be favored with a series of weekly lectures. The surgeons in charge are to deliver scientific lectures, and the services of interesting speakers from the city will be secured.

The idea is an excellent one and will benefit both the soldiers and the lecturers. We would commend the example set by the Fort Schuyler Hospital surgeons, as worthy of being followed by surgeons of other hospitals.

Wills' Hospital.

At a meeting of the board of managers of Wills' Hospital, held on Tuesday Jan. 3d, Drs. D. H. AGNEW, R. J. LEVIE, and A. D. HALL, were elected Surgeons to the Hospital to fill vacancies. This institution is the most prominent ophthalmic and orthopædic hospital in this country, and the managers have made a creditable selection of gentlemen with high qualifications for the positions.

Singular Death by Ether.

Dr. YOUNG, of Shultzville, Berks Co., Pa., met with his death on Tuesday night, Dec. 29, in the following singular manner:—He had complained of headache, and having saturated a cloth with ether, laid it upon his forehead and went to sleep. Moving his head in his sleep, as is supposed, the cloth slipped over his nose and mouth, which caused him to inhale too much of the ether, from the effects of which he died. Such is the account given, but we doubt the agency of ether in the matter.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, Dec. 17, 1863.

A Coin Lodged in the Trachea.

I borrow the following singular case from an English paper: On the 3d ult., a young man was admitted into the Wolverhampton Hospital, suffering from the effects of a three-penny piece which he had accidentally swallowed, as follows: While walking along the street, having the piece in his hand, he placed the coin in his mouth. He then commenced running, and suddenly felt it glide down his throat, or, as he termed it, "go down the wrong way." The next day he found great difficulty in talking, owing, as he rightly considered, to the coin having effected a lodgment in his wind-pipe. It continued to give him great pain, causing him to cough very much, and, also, almost entirely preventing him drawing in air for respiration. In this difficulty he made application at the hospital, and at once received that prompt attention which the dangerous state of his case required. In the first place, an opening was made through his throat into the wind-pipe, and a small, thin tube inserted in the roifice for the purpose of admitting air into the lungs, as it was found that the three-penny piece had got into such a position as to nearly stop up the wind-pipe altogether. He remained in this condition for nearly fifty hours, during which time the air he inhaled was that obtained through the before-mentioned tube. At the expiration of that time, he was then made to hold his head downward, and, after a sharp shake, the three-penny piece loosened itself from its place of lodgment and rolled out of his mouth on to the floor, to the great relief of himself and to the no small gratification of surgeons under whose hands the operation had been brought to so successful a termination.

Typhus Fever in London.

You will see by the *Lancet* that a great increase of typhus is taking place in London during this season.

No fewer than one hundred and seventy cases, the great majority of which were typhus, were admitted during the first sixteen days of the preceding month. This prevalence of typhus may have some connection with the distress at present existing among the London poor, large numbers of whom, it appears, every night vainly seek admittance into the casual wards of some of the metropolitan work-houses. As yet, no epidemic has made its appearance in Paris.

Treatment of Varicose Veins.

Dr. LINON, of Vertiers, announces that for the last three years he has been in the habit of treating varicose veins by means of perchloride of iron, whereby he has obtained radical cures in a very short time. He dips a compress into a solution of this perchloride, of the strength of from 8 to 16 grammes, (about 1 drachm to 3,) in half a pound of water; these compresses are applied on the varicose vein, and kept on by means of a bandage which need not be too tight, and at the end of twenty-four hours it is found, to the surprise of the patient, that the swelling has nearly disappeared. The application is, nevertheless, repeated for about a week, after which the bandage is left on for a few days longer, occasionally moistening it again—and in about a fortnight the cure is complete. It is certainly not the compression alone that produces the cure, because the swelling returns every time the elastic stocking or other device of the kind is left off, whereas, by the use of perchloride of iron, the swelling does not return. I have, myself, seen Dr. MAISONNEUVE inject a few drops of perchloride of iron in varicose veins, and thus procure a permanent cure. The treatment requires but one injection for causing the veins to return to their normal size.

Extirpation of the Tongue.

Speaking of Dr. MAISONNEUVE, leads me to mention a case of extirpation of the tongue, an operation which has hitherto required a series of painful preliminary operations, such as the opening of the cheek, the sawing through the lower jaw-bone, etc. His method consists of inserting pieces of caustic (chloride of zinc), shaped like arrows, into the tongue, whereby all preliminary operations may be dispensed with. In the case in question, the tongue, which was affected with cancer, was successfully extirpated at the end of about ten days, and a gutta percha one substituted for the purposes of swallowing and speaking.

Coal-Tar on Rice Grounds.

Dr. RIGHINI, of Novara, states that coal-tar may be used with advantage to improve the unhealthy air of rice grounds. It is about harvest time the unhealthy air of these grounds acquires deleterious qualities. The water with which they are covered during the greater part of the year is then drained off, thereby depriving an immense number of living creatures of the element necessary for their subsistence. Extensive putrefaction is the consequence, and it is this which renders the air pestilential. To prevent this, Dr. RIGHINI recommends coal-tar mixed

with saw-dust, in the ratio of six per cent. of the latter. One thousand kilogrammes (2,000 lbs.) of this mixture, he states, will kill all the insects, destroy putrefaction, prevent the formation of miasmata, and favor the production of ozone, thereby increasing the salubrity of the atmosphere.

New Method of Obtaining Urea.

Professor CAMPANI, of Sierra, has just published a paper on a new method of obtaining urea. Having observed that aqueous hydrocyanic acid, prepared according to M. PESSINA's process, may undergo two kinds of spontaneous decomposition, one being *tacit* and the other accompanied by a violent explosion, he determined to examine these phenomena with care. Last year, and four months after having prepared the acid, he examined the bottle carefully against the light, and finding that the acid had been partially converted into a solid substance, had put it by again. A few hours later a violent explosion was heard, and not only that phial, but several others near it were found broken. This being attributed to the shaking which the phial had experienced, Professor CAMPANI caused a phial to be fixed in a wooden box, with wire gauze on one side of it, and filled this phial with new acid. At the end of four months it was shaken several times, but no violent explosion occurred; a crack, however, was observed in the glass, and the parchment with which the phial was covered was shrivelled up as if it had been exposed to the fire. On breaking the phial, it was found to contain a deposit of solid matter, about half a centimetre in height, and of a slightly violet hue, speckled with yellow; the inside was black, and the part adjacent to the glass was brown. It weighed six grammes, while the original acid weighed twelve. This solid residue emitted a smell of ammonia, and the slightest trace of that of prussic acid. Professor CAMPANI, having subjected this to analysis, obtained a great quantity of white, transparent crystals, tarnished with an amorphous, yellow substance. The form of these crystals was the same as those of urea; their taste was slightly bitter; placed on a sheet of platinum, they melted under the influence of heat, and then evaporated under the form of dense smoke; dissolved in water, they yielded, with nitrate of mercury, the same precipitate as urea, and a white precipitate with chloride of mercury, potash having been added. These being all characteristics of urea, Professor CAMPANI justly concludes that the aqueous hydrocyanic acid in question, produces that substance by its decomposition.

Re-opening of the Faculty of Medicine.

The re-opening of the Faculty of Medicine was as calm as it was devoid of enthusiasm, M. RAYER, the unpopular Dean, presiding. All the professors were present. The reserved part was not sufficient to contain the number of physicians and scientific notabilities who came to hear, in the well known voice of Dr. TARDIEU, the eulogium of Professor ADELON, and they were obliged to occupy a part of the benches of the amphitheatre, left vacant by the students, who

abstained from attending the ceremony. The most perfect order prevailed during the whole of the sitting. After the sitting a rather large number of the students assembled in the neighborhood of the Luxembourg, where they remained for a few minutes, uttering cries, and then proceeded to the Carrefour de l'Odéon, where they dispersed at the first summons. It is said that some students have been ill treated by the police. No provocation on their part could have necessitated a repression as useless as it was unmeasured.

W. N. CÔTE.

DOMESTIC.

NEW YORK CORRESPONDENCE.

"I am not mad."

EDITOR MEDICAL AND SURGICAL REPORTER:—

On Thursday evening, the "Fellows" of the New York Academy of Medicine, together with a select audience of ladies and gentlemen, convened at the lecture room of the University Medical College for the purpose of listening to the aphoristic learning of Professor JOHN W. DRAPER, who had been officially appointed to deliver the Anniversary Discourse. The subject was

"The Historical Influence of the Medical Profession."

Professor DRAPER was, as usual, clear and precise in his delivery, sound in his views, original in his theories, and most interesting in his facts. Rarely, do I believe, has any modern lecturer been listened to with such perfect attention; such complete absorption as was the learned orator of the evening on that occasion.

A compendious account of the treatment of his subject would not do justice to the variety of his topics or sufficiently unfold to the uninitiated mind the stupendous suggestions enunciated during that captivating hour and a half. A few facts, however, may not be amiss. Professor DRAPER stated, that over twenty centuries ago the actions of many lofty intellects, hundreds of men in power, were influenced by the wise counsels of the medical man. Jews were physicians; all physicians were Jews at that time. The voyage of VASCO DE GAMA, which resulted in boundless benefit to the world of commerce, was the result of the urgent solicitations of two Hebrew doctors. Other instances, of a similar nature, were cited, and had their weight. It was also stated that no power grew so rapidly or remained so permanent as that of Polygamy; hence, while the conquests of mighty chieftains had dwindled away and become as nought, the invasions and settled establishments of Mohamet were still firm, and the "Harem" added new links to the chains of property. This was a suitable warning as regards "Utah."

Another suggestion, worthy of honorable mention, was the gradually increasing fact that every year since the discovery and agricultural settlement of this country, westward the star of [farm-

ing] empire takes its course. To speak more plainly, after a few successive crops have been yielded from the same soil, certain vital properties have been taken from it; now, to replace what has been given up would cost more than would repay trouble and expense; hence, new fields are cultivated; and, in time, wheat, corn, and tobacco would find it difficult to grow in the United States. This is certainly a subject of mighty import to the philosophic, political economist. But that which particularly struck me as indicating the originality of the doctor's mind, the reflective meditations of his healthy brain, the gift, as it were, of fore-knowledge, resulting from an analytical training, is peculiarly entitled to conspicuous record. It is the astonishing fact, that no action, of violence or benignity, committed in the forum or amid sequestered shades, is lost to view, should proper methods be adopted to bring out the all-important photograph. Professor DRAPER went so far as to say that if the hidden tombs of any of the Pharaohs, which have been concealed for several thousand years, were opened, the portraits of those who attended the sad obsequies could be successfully obtained. Next to originating so bold and singular a theory is the credit of believing in it, which I cordially affirm is my own case. What a field there is for practical investigation, what realms of concealed wealth in the pictorial history of past ages, yet remain within the grasp of active energy. This, I firmly maintain, is not too much for philosophy and perseverance to accomplish. What can be more wonderful than the retentive memory of the clear photogram? Science is rarely behind a human mind. But this recorded thought will bring additional lustre to the name of "DRAPER" in the course of time.

Some six years since I studied carefully the anatomical arrangements of the human ear, made preparations and worked silently for three long years on the invention of what I termed an "Aurographer," a collector of sounds which, by a system of machinery, was to record the words emitted from the mouth of man. It is not necessary to explain in detail how it was to be accomplished. I applied to a first-class mind to make what I proposed, and, for an answer, received the ridicule of unbelief; nevertheless, I worked and studied, when, to my astonishment, bewildered fancy, and unalleviated disappointment, after laboring for three years on the invention, I read in a newspaper that a Frenchman in Paris had exhibited a series of diagrams displaying the results of a similar instrument. I state this to show two important facts of vast interest: firstly, that it is my conviction that a *thought*, regarding the creation, or rather discovery of some new principle, never enters the mind, but by untiring industry one man or another can bring it to completion; and secondly, that I am convinced that any vast idea of creditable birth springs up in the mind of more than one at the same time, to double the chances of its never being lost; e. g., FRANKLIN'S lightning, MORSE'S telegraph, and hundreds of similar cases.

There is one additional statement which, though what TERENCE would designate as "homunculus," I will venture to predict that it may be seconded. It is to the following effect, that ere long so great improvement will be made in the microscope that, on stripping the body of any person, and by artificially illuminating him internally by electro-magnetism or otherwise, and by looking through the countless multiplied lenses of the improved microscope, the workings of his organs may at once be studied, the complex localities of the nervous system effectually understood, and a practical chart of normal and abnormal differences easily procured. For instance, by aid of a powerful glass, we may now follow, for a short space, the circulation of a frog's foot. In a few years a thicker membrane than the web will be as readily pierced, and, eventually "seeing through a mill-stone" will not be so extravagant an idea as at present we are led to suppose. A fit climax for the previous assertion is, that subsequently, by a careful adjustment, the workings of the brain may be distinguished, and, as a reward for labors past, the scientific student will be at length permitted to "See Thought."

Yours, truly,

SAM'L W. FRANCIS, M. D.

December 12, 1863.

The Trial of Dr. Salisbury.

EDITOR MEDICAL AND SURGICAL REPORTER :

As the following concerns the whole profession, I ask for its general consideration.

In the number of the MEDICAL TIMES for November 28, is a paragraph respecting Dr. S. T. SALISBURY, viz. :—

"Dr. SALISBURY, Surgeon of the Enrolment Board of the Fourth Congressional District (of Connecticut) charged with corruption, has, it is stated been found guilty and sentenced to thirty days imprisonment with a fine of \$200, and to be discharged the United States service."

Will you permit a few words in defence of Dr. S.?

The Government at once dropped every charge of corruption or malfeasance upon hearing its own witnesses.

He was condemned on the following grounds :

1st. Occasional absence from the office prior to the draft.

2d. Passing a substitute who did not come fully up to regulation.

3d. Rejecting "wilfully" a conscript for insufficient cause, &c., examining only the region of the body complained of.

As to the first the Doctor believed himself placed on the Board as its Surgeon, not its Clerk, and that his special duties commenced with the draft. That it was thus understood by the Board the Doctor offered abundant evidence. He was however generally present, and always when notified, as was agreed upon. There was no pretence of dereliction of duty in this respect after the draft.

2d. The substitute accepted, measured around the

chest as stated by LACY EDWARDS, U. S. A., $\frac{1}{4}$ inch less than the minimum standard, and was in an almost imperceptible degree chicken-breasted. But when Government is straining every nerve to fill its ranks, it cannot expect every man should be an Adonis in beauty, or a Sampson in muscle. These defects would not have weighed a feather had they been presented by a conscript.

3d. The drafted man rejected, was amply proved to be very feeble; did little and that the lightest work; had been in the army and returned sick, of which sickness he had had several attacks, and was in the opinion of two as good physicians as can be found in Litchfield county, suffering with enlarged spleen.

It is perfectly evident that the Doctor, if he erred at all, did so simply in judgment, a fact by no means proved.

The Judge Advocate after withdrawing the charge of malfeasance nevertheless charged the Court that every act of the will was of necessity wilful, consequently any error must be a wilful one. It is only necessary to call attention to this in order to see the monstrous error it contains.

The Doctor lost the benefit of his own witnesses, as having nothing else to do they sat in the courtroom and heard part of the testimony; no great offence, as it was all duly reported and published. Yet for this their evidence was entirely excluded.

The duties of an Examining Surgeon are arduous enough any way, and particularly as substitutes will make every misrepresentation in order to enlist, and conscripts to escape; if then, every error (where error must often occur) is a wilful crime committed against the Government, no surgeon is a moment safe, and is most inadequately rewarded for so great risks.

It is a fact that Dr. S. pursued in his examinations, precisely the method advised by Dr. EDWARDS, sent on by the War Department to instruct in the proper methods of doing this duty.

The universal sentiment of this community, which was much interested in the trial, was entirely in favor of the Doctor, and it received the report of the Court with incredulity. It believed the facts in no way warranted such a verdict. Justice to Dr. S. and to the profession of which he was and is a distinguished member, demands that some notice should be taken of this trial.

The abundant opportunities I have had of conversing with legal gentlemen familiar with the evidence, convince me that the case would have been at once dismissed from any civil court as resting on no foundation. So I have been again and again assured by the best legal talent in the State, and the assurances of good will, both by civilians and the profession, prove that the Doctor has lost nothing in popular esteem by a verdict believed to be, even if guilty, altogether too severe for the offence, but which is looked upon as entirely undeserved.

A MEMBER

Of the Hartford County (Conn.) Medical Society.

Army and Navy News.

Reports of Wounded, and of Surgical Operations.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., Dec. 26, 1863. }

[Special Circular.]

The consolidated tabular statement of gunshot wounds, heretofore transmitted quarterly to this office, is hereby ordered to be discontinued. In lieu thereof, the following reports will be required from medical officers in charge of United States Army General Hospitals:

1st. *A report of wounded*, which shall consist of an accurate and legible copy of all cases of wounded entered on the hospital register during the quarter.

2d. *A report of surgical operations*, which shall consist of a similar copy of the register of surgical operations for the same period.

The enclosed forms, on which these reports will be prepared, correspond with the new hospital registers, which, in a few days, will be issued to all general hospitals in the United States. Each set of forms is accompanied by a printed sheet, with directions and examples illustrating the manner in which these reports should be prepared.

You are hereby requested to fill up, to the best of your ability, these blank forms for the hospital under your charge, for the months of October, November and December, 1863, omitting those points concerning which the data at present in your possession are insufficient or unreliable. A list of cases remaining under treatment in your hospital on October 1st, is herewith transmitted, to assist you in the preparation of the new report.

In future, the tabular statement of gunshot wounds on the monthly report of sick and wounded need not be filled out.

Blank sets of reports on secondary hemorrhage, tetanus and pyæmia, are also enclosed. These you will fill up in the usual manner. Should no such cases have occurred in the hospital under your charge during the time specified, you will so state in your letter of transmission.

All of the reports above alluded to will, when compiled, be forwarded directly to the Acting Surgeon-General.

Very respectfully,

Your obedient servant,

JOS. K. BARNES,

Acting Surgeon-General.

Medical Director and Inspector of Freedmen.

By Special Orders No. 114, Vicksburg, Miss., issued by Adjutant-General Thomas, December 1st, 1863, Surgeon D. O. McCord, 9th Louisiana Vols., of African descent, has been announced as Medical Director and Inspector of Freedmen in camps and on plantations within the Department of the Tennessee and the State of Arkansas. All medical officers having charge of camps or hospitals for freedmen, will make all their reports and returns through the Medical Director of Freedmen, at such time as he may designate; and other regulations that he may prescribe will be promptly complied with, subject to the approval of Col. John Eaton, Jr., Superintendent of Freedmen. Surgeon McCord, as Medical Director of Freedmen, is empowered to contract with citizen physicians, when necessary, under the same restrictions as the Medical Director of an Army Corps, to approve "requisitions for hospital supplies," "pay-rolls of hospital attendants," and enforce such orders as will ensure perfect order throughout his department. This order has no reference to the colored soldiers in the service of the United States, excepting the regiments raised by Col. Eaton, to guard labor of freedmen in camps and on plantations.

Inspection of Troops in East Tennessee.

Medical Inspector R. H. Coolidge, U. S. A., will at once repair to Knoxville, Tenn., and examine into and report upon the sanitary condition of the United States troops at or near Knoxville. Upon the completion of this duty, Medical Inspector Coolidge will at once return to Washington, D. C., and report in person to the Surgeon-General of the Army.

Appointed.

Dr. N. S. Sarton, of Brooklyn, N. Y., has been appointed Asst Surgeon of the 23d Reg't, U. S. Colored Troops.

Clark Van Deusen, of New Brunswick, N. J.; Moses E. Woodard, of Washington, D. C., and Joshua S. Taylor, of Philadelphia, Pa., have been appointed Hospital Stewards, U. S. Army.

Ordered to Report.

Surgeon L. H. Holden, U. S. A., has been ordered to proceed, without delay, to Wilmington, Delaware, and report in person for examination to Major-General McDowell, President of the Retiring Board convened by Special Orders No. 307, July 11, 1863, from the War Department.

Hospital Steward N. Hunter, U. S. A., has been relieved from duty at Lovell General Hospital, Portsmouth Grove, R. I., and will report in person to the Commanding General, Department of the Pacific, for assignment to duty.

Surgeon John H. Rauch, U. S. V., now on duty in the Department of the Gulf as Medical Director 19th Army Corps, is relieved from duty in that Department, and will report in person, without delay, to the Surgeon-General of the Army, at Washington, D. C., for orders.

Surgeon James C. Fisher, U. S. V., recently restored, will report in person to the Commanding General, Department of the Gulf, for assignment to duty.

Surgeon Gideon S. Palmer, U. S. V., now waiting orders at Carlisle Barracks, Pa., will report in person, without delay, to the Commanding General of the Department of the Missouri, and by letter to Asst Surgeon-General Wood, at Louisville, Ky.

Asst Surgeon Joel Leavens, U. S. V., recently appointed, will report without delay, by letter, to the Commanding General, Department of the East, for duty, at Fort Warren, Boston, Mass.

Changes.

Surgeon Chas. Sutherland, U. S. A., to report in person to the Commanding General, Middle Department, to relieve Surgeon Thomas A. McParlin, U. S. A., as Medical Director of Hospitals at Annapolis, Md., and also as member of the Examining Board at Annapolis, Md., of which Brigadier-General Graham is President; the latter, on being relieved, to report for duty to the Commanding General of the Army of the Potomac, to relieve Surgeon Jonathan Lettermann, U. S. A., as Medical Director of that army. Surgeon Lettermann, when relieved, to report for duty to the Commanding General, Department of the Susquehanna.

Surgeon B. A. Clements, U. S. A., now on duty with the Army of the Potomac, to report in person to the Commanding General, Department of the East, to relieve Asst Surgeon J. W. S. Gouley, U. S. A., in charge of Central Park General Hospital. Surgeon Gouley to report in person to the Commanding General, Army of the Potomac.

The following changes have been made in the Purveying Department:

Surgeon Chas. McCormick, U. S. A., Medical Director, Department of Virginia and North Carolina, assumes the additional duties of Medical Purveyor of that Department, relieving Asst Surgeon J. H. Frantz, U. S. A., who relieves Surgeon E. P. Morong, U. S. V., as Medical Purveyor at Newbern, N. C.; Surgeon Morong to report for duty at headquarters when relieved.

Asst Surgeon W. H. Forwood, U. S. A., on account of a severe wound, is relieved from duty in the Army of the Potomac, and will report in person, without delay, to the Commanding General, Department of the Susquehanna, for assignment to duty in the Satterlee General Hospital.

Surgeon Sylvanus D. Freeman, U. S. V., is relieved from duty in the Middle Department, and will report in person to the Commanding General, Department of the Northwest, for assignment to duty.

Surgeon Lewis A. Edwards, U. S. A., now in charge of the Lovell General Hospital, at Portsmouth Grove, R. I., is assigned to temporary duty as a member of the Army Retiring Board, now in session at Wilmington, Delaware, to relieve Surgeon Charles Sutherland, U. S. A.

Amended Orders.

So much of Special Orders No. 564, current series, from the War Department, as discharged Surgeon John J. Marks, 18th Penn'a Cavalry, for physical disability and absence without leave, is so amended as to omit the charge of absence without leave.

So much of Special Orders No. 431, September 29th, 1863, from the War Department, as accepted the resignation of Hospital Chaplain Frederick H. Wines, U. S. A., has been revoked.

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[Leave of Absence.]

Permission to visit Washington City for the purpose of attending the meeting of the National Academy of Sciences, of which he is a member, has been granted Medical Inspector John L. Le Conte, U. S. A.

Leave of absence for fifteen days has been granted Surgeon C. N. Chamberlain, U. S. V.

[Discharged.]

Asst Surgeon Geo. L. Cornell, 1st Michigan Sharpshooters, having tendered his resignation, is honorably discharged the service of the United States, upon condition that his record shall be clear upon the November and December rolls of his regiment, and that he shall receive no final statements until he has satisfied the Pay Department that he is not indebted to the Government.

At the request of the Governor of New Jersey, Asst Surgeon Wm. W. Bowdler, 2d N. J. Cavalry, is honorably discharged the service of the United States, to date December 4, 1863, to enable him to accept an appointment as an officer in another regiment.

The following officers, examined by a Military Board, and an adverse report thereof in their respective cases having been approved by the President, are discharged the service of the United States, in accordance with Section 10 of the Act approved July 22, 1861.

Surgeon B. Bettelheim, 106th Illinois Vols.
Surgeon D. W. Robinson, 40th Iowa Vols.

[Health of Troops in Louisiana.]

The health of the Union troops in Western Louisiana is remarkably good. Experienced surgeons who have recently made a tour of inspection to look into the sanitary condition of the army, say there never was a body of men, in their experience, with as little sickness among them. In a division of eleven large regiments, there were but twenty sick in hospital and twenty-three in quarters.

News and Miscellany.

Surgeon-General Hammond had a severe fall at Nashville, a few days since, striking the lower part of his spine and paralyzing his lower extremities. He is reported to be doing well.

[Pension Examining Surgeons.]

The following additional appointments have been made:

New York:—Dr. Geo. W. Cook, Syracuse.

New Jersey:—Dr. James B. Coleman, Trenton.

Ohio:—Dr. C. J. Tichenor, Lebanon.

Illinois:—Dr. Chas. W. Hemphill, Galena.

[Appointment.]

ALBERT H. GALLATIN, M. D., a grandson of ALBERT GALLATIN, has been appointed to the Professorship of Natural Science in Norwich University, at Norwich, Vermont.

Losses of the War.

The loss of life to the Union armies since the war began to the present time is variously estimated. A careful calculation of the aggregate number killed and wounded in all the battles and skirmishes during the past two years and a half give these figures:—

Killed.....	25,272
Wounded.....	110,111

It is asserted that of the wounded received into the hospitals not one fifth die, and of all the wounded not more than one-fourth either die or are seriously disabled. This is proved by the statistics of hospitals. The highest estimates of losses by fighting, then, is:—Killed outright, 25,272; died or disabled by wounds, 27,527; Thus we have 52,799 men killed or disabled.

The next thing is to ascertain the loss by disease. This is hard to get at until the war is over and the surgeons' reports are all sent in and footed up. But from the best lights before us, it is safe to estimate the number at double those that are killed or die from the effects of wounds. Recapitulating the losses of the army since April, 1861, we have this result:—

Killed in battle and died from the effects of wounds...	52,799
Died of diseases of all kinds.....	105,598

Aggregate of men lost by war.....	158,395
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This number is, in round numbers, one-sixth of all the soldiers who have enlisted, omitting the three months' men. On the other hand, it is admitted that the increase of able-bodied men, by alien immigration, and of youth arriving at sufficient maturity to bear arms, since the rebellion broke out, exceeds 400,000 men. If this be true, the increase of fighting men is more than twice as great as the loss occasioned by the tremendous effort to put down the rebellion.

[Export of Drugs Prohibited.]

Quinine, chloroform, and other drugs have been added to the list of articles prohibited from export. Collector GOODRICH, of Boston, has recently received the following:—

"Treasury Department, Dec 23, 1863.—Sir: I am directed by the Secretary of the Treasury to inform you that, at the request of the War Department, quinine, chloroform, and all other drugs and medicines have been added to the list of prohibited articles enumerated in Section 33 of the Commercial Interchange Regulations, and that in future no clearance or permit can be granted for the shipment of these articles except upon certificates and request or special direction, as required by the provisions of that section."

[A Geographical Garden.]

A geographical garden is being made in Paris. Mont Blanc, fifteen feet high, is the *point de depart*, and the face of Europe, with real miniature seas, rivers, railways, etc., will be represented in the same proportion. The seas will have artificial tides, driven by steam.

Warm Swimming Baths.

The *Virginia City* [Nevada] *Union* gives the following account of some extraordinary swimming baths in that magnificent Territory:

Our Territory is fortunately in possession of natural medical resources sufficient to heal any diseases which dwell in her rarefied atmosphere, or lurk in the system of those who come to make Washoe their home. The healing qualities of Steamboat Springs are well known, and have been extensively noticed; but little, however, has been said or is known outside of our own limits of the Warm Springs near Carson City. These springs are commodious, luxuriant, and well arranged. There is nothing in the United States equal to them, and we doubt if Europe can exhibit anything better. We do not speak particularly of the mineral properties of the water, which contains sulphur, soda, and iron; but of its genial warmth, ranging from eighty to ninety degrees Fahrenheit; its perfect clearness, purity, and pleasantness, and the admirable arrangements for its enjoyment. The Carson Baths are not a series of contracted tubs, filled with murky, bad-smelling sulphur water, but large swimming baths, with rock and gravel bottoms, ranging in depth from three to six feet, and capacious enough to contain large bathing parties. The warm mineral water [which is not unpleasant to the taste] gushes from a spring into a pond or lake, about thirty feet in width, and over a hundred feet in length. This pond is walled around with a high wall of sandstone, and divided into four compartments, with commodious dressing rooms attached. The water in these baths is changed every fifteen minutes by the action of the spring, is clear as crystal, and perfectly delightful to bathe in.

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and STATE from whence their letters are sent.

Dr. T. H. A., Ohio.—The best work we know of, that treats of the vegetable alkaloids and resinoids, is PARRETT'S *Practical Pharmacy*, which does not, however, enter largely into the therapeutical uses of those remedies. A new edition of the work will shortly issue from the press.

We regard POWELL'S theories (and he has no lack of them) with a good deal of distrust. Dr. DUTCHER, good authority, looks on his theory of vital space with favor. [See MED. AND SURG. REPORTER, Vol. X., p. 280.]

THOMPSON'S gingival margin is a tinted line observed in phthical cases on the margin of the gums where they come in contact with the teeth. [See MED. AND SURG. REPORTER, Vol. IV., p. 339, and THOMPSON'S Clinical Lectures on Pulmonary Consumption. We would also refer you to Dr. A. P. DUTCHER, Enon Valley, Lawrence Co., Pa.]

Drs. McG. and H., Ct.—Your Visiting List was mailed to you on the 4th inst.

Drs. A. F. F., Me.; J. J. T., Mo.; A. W. E., N. J.; P. M. S., T. G.; D. E. B., R. J. L., and J. W. G., of Penn'a; G. W. J., R. I.; J. L. C., Va.; and C. L. S., Wis.—Your Hand Books were mailed to you on the 4th inst.

Dr. S. L. S., Pa.—Dunglison's Medical Lexicon was mailed to you on the 4th inst.

Dr. R. McC., Pa.—The U. S. Pharmacopœa was mailed to you on the 4th inst.

Dr. T. P. H., Mass.—Robertson on Extracting Teeth was mailed to you on the 4th inst.

Dr. D. P. V., N. J.—Sargent's Minor Surgery was mailed to you on the 4th inst.

Dr. E. A. O., Ohio.—Simpson's Lectures on Females was mailed to you on the 4th inst.

Dr. J. H. R., D. C.—Tanner's Manual of Practice was mailed to you on the 4th inst.

Dr. D. A. W., N. J.—Barclay's Diagnosis and the Silver Probe were mailed to you on the 4th inst.

Dr. S. S. T., Ohio.—Your subscription to the REPORTER is now paid up to No. 388.

Dr. C. C. V. A. C., D. C.—Tanner's New Manual of Practice was mailed to you on the 5th inst.

Drs. E. L. Mich.; L. S. B., L. S., and G. E. F., N. J.; L. M. and M. G. W., N. Y.; S. C. F., W. W. J., and M. H. K., Ohio; H. S. J., R. P. G., P. S. L., and A. S., Penn'a.—Your Visiting Lists were mailed to you on the 5th inst.

Drs. G. S. J. and G. T. J.—Your Visiting Lists were mailed to you on the 6th inst.

Dr. N. E. B., Ill.—Bedford's Diseases of Woman and Children, Greenhow on Diphtheria, and Mott's Cliniques were mailed to you on the 7th inst.

Drs. J. E. and A. M. H., Penn'a; E. L., Mich.; and W. McK., Ohio.—Barclay's Medical Diagnosis was mailed to you on the 5th inst.

Dr. A. F. Mich.—The cost of an abortion cannula is \$6. The scoop and blunt hook, which are much used, cost \$1.50. They can be sent by express, or by mail.

FRANCIS ON WATER can be procured by writing to William Wood, 61 Walker street, N. Y., and enclosing 15 cts.

Dr. A. H. D., Ohio.—The current edition of Barclay's Medical Diagnosis is comparatively new, having been published in 1863. Every edition of such a work must necessarily be an improvement if the author does his duty. This work, since the REPORTER has brought it prominently to the notice of the profession, is meeting with an unprecedented sale. We, ourselves, have filled orders for twenty copies during the past few weeks.

MARRIED.

COREY—CAVERT.—In Charlton, Saratoga county, N. Y., on Tuesday, Dec. 29, by Rev. J. N. Crocker, A. Elmer Corey, M. D., of New Providence, N. J., and Mary Kate Caver, daughter of Daniel Caver, Esq., of Charlton.

FREED—HOLLIDAY.—At Shade Gap, Huntingdon county, Pa., Dec. 23d, by Rev. G. Van Arsdale, Dr. John G. Freed, of Huntingdon, and Miss Mary, daughter of Col. A. Holliday, of the former place.

GARDNER—BIRGE.—On Wednesday, Dec. 23, by Rev. Ralph Perry, at the residence of the bride's parents, Dr. C. H. Gardner, of New York, and Miss Mary R., eldest daughter of F. A. Birge, Esq., of Agawam, Mass.

RICE—HOFF.—Dec. 16th, at the residence of the bride's parents, in Easton, Pa., by Rev. John Gray, Joseph W. Rice, of Newark, N. J., and S. Elizabeth M. Hoff, daughter of Dr. John Hoff, of Easton.

TYSON—JOHNSON.—On Christmas eve, Dec. 24th, 1863, at the residence of the bride's father, by Rev. J. H. Hendricks, A. R. Tyson, M. D., and Mary S., daughter of Jacob Johnson, Esq., both of Skippackville, Montgomery county, Pa.

WHITEHEAD—BENTON.—On the 24th Dec., at the University of Virginia, by Rev. Mr. Nelson, Dr. Wm. R. Whitehead, and Miss Lizzie F. Benton, both of Virginia.

DIED.

LE ROY.—In New York, on Wednesday, Dec. 30, after a short illness, Frederick G. Le Roy, M. D., youngest son of Herman Le Roy.

PEET.—On Wednesday, Dec. 30, at the New York Institution for the Instruction of the Deaf and Dumb, Sarah Ann, wife of Dr. Harvey P. Peet, and daughter of the late Matson Smith, M. D., of New Rochelle, aged 69 years.

TURNER.—In Brooklyn, on Wednesday, Dec. 30, Josephine Maria, only daughter of Dr. Joseph M. and Sophia B. Turner, aged 8 years and 10 months.

HOPKES.—In Washington, D. C., on the 31st ultimo, after a short illness, which he bore with Christian fortitude, Dr. Benjamin Hodges, in the 27th year of his age.

Dr. Hodges was an Acting Assistant Surgeon, U. S. A., attached to Emory Hospital, Washington City. He was an estimable young man, and highly respected by all who knew him, both for his talents and worth.

METEOROLOGY.

December	28,	29,	30,	31,	J'y 1,	2,	3.
Wind.....	N. E.	S.	S. W.	E.	W.	N. W.	S. W.
Weather....	Rain.	Cl'dy.	Cl'dy.	Rain.	Cl'dy.	Clear.	Clear.
Depth Rain...	2 in.			5-10	1-10		
Thermometer							
Minimum.....	29°	32°	27°	27°	45°	5°	9°
At 8 A. M.....	34	38	40	34	33	10	21
At 12 M.....	42	44	48	35	45	13	27
At 3 P. M.....	43	45	48	35	39	15	27
Mean.....	37	39.7	40.7	32.7	45.5	10.7	21
Barometer.							
At 12 M.....	29.7	30	29.3	29.5	29.6	30.3	30.4
Germantown, Pa.				B. J. LEEDOM.			

MORTALITY.

	Philadelphia. Week ending January 2.	New York. Week ending January 4.	Baltimore. Week ending January 4.	Boston. Week ending January 2.	Providence. Month of November.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	160	250	47	55	47
Female	141	226	46	51	39
Adults	132	221	44	60	51
Under 15 years.....	...	249	46	43	34
Under 2 years.....	...	153	27	43*	19
Total.....	304	476	93	106	87
Deaths in 100,000...	51.89	50.10	38.75	58.88	16.73
American.....	273	312	...	68	64
Foreign.....	15	164	...	38	23
Negro.....	17	9	14	1	4
ZYMOTIC DISEASES.					
Cholera, Asiatic.....	...	2	...	...	...
Cholera Infantum.....	...	...	...	...	...
Cholera Morbus.....	...	...	...	...	...
Croup.....	16	21	6	8	3
Diarrhoea.....	2	15	...	...	1
Diphtheria.....	8	16	3	3	5
Dysentery.....	1	1	...	...	2
Erysipelas.....	1	2	...	...	...
Fever, Intermittent.....	...	...	...	...	...
Fever, Remittent.....	1	...	...	...	...
Fever, Scarlet.....	2	31	1	7	...
Fever, Typhoid.....	11	10	3	...	7
Fever, Typhus.....	12	8	...	...	...
Fever, Yellow.....	...	...	...	...	...
Hoopings-cough.....	5	3	2	1	...
Influenza.....	...	...	...	...	1
Measles.....	2	1	...	...	...
Small Pox.....	2	1	15	...	...
Syphilis.....	...	...	...	...	...
Thrush.....	...	...	...	...	...
SPORADIC DISEASES					
Albuminuria.....	...	4	...	...	...
Apoplexy.....	2	4	...	1	...
Consumption.....	36	75	17	20	21
Convulsions.....	7	30	3	2	1
Dropsy.....	1	20	3	3	...
Gun-shot Wounds.....	1	...	...	...	...
Intemperance.....	3	3	1	2	...
Marasmus.....	3	23	...	...	2
Pleurisy.....	...	...	...	1	...
Pneumonia.....	25	54	2	13	6
Puerperal Fever.....	1	2	...	...	...
Scrofula.....	1	2	...	...	...
Violence and Acc'ts	11	13	1	5	6

* Under 5 years.

NOTICES.

Medical Society of the State of New York.

Pursuant to the Statute, the *Fifty-seventh* Annual Meeting of the Medical Society of the State of New York will be held in the City of Albany, on the first Tuesday in February, 1864. The session will continue through Tuesday, Wednesday, and Thursday, the 2d, 3d, and 4th of February.

Punctual attendance is requested.

SYLVESTER D. WILLARD, M. D., Sec'y.

Medical Society of New Jersey.

The *Ninety-eighth* Annual Meeting of the Medical Society of New Jersey will be held in the City of Camden, at Elwell's Railroad Hotel, on the fourth Tuesday (26th) of Jan'y, 1864.

W. PIERSON, Recording Sec'y.